## PART B – FEE(S) TRANSMITTAL

Mail Stop ISSUE Fee Commissioner for Patents

		<u>Fax</u>	Alexa	Box 1450 andria, VA 22313-1 7 <b>46-4000</b>	1450			
INSTRUCTIONS: This form should be used for tran correspondence including the Patent, advance orders otherwise in Block 1, by (a) specifying a new corresp	and notification of mainte	enance fees will be mai	led to the	current corresponds	ence address	as indicated unless correcte	ropriate. All further d below or directed	
CURRENT CORRESPONDENCE ADDRESS (Note Block 1)	: Legibly mark-up with a	ny corrections or use						
23377 7590 03/22/2007 WOODCOCK WASHBURN LLP Cira Centre 2929 Arch Street, 12th Floor Philadelphia, PA 19104-2891								
10/070,937			NAMED INVENTOR Ohn Charles Offa-Jones CONTAINERS			RNEY DOCKET NO. THOM-0021	CONFIRMATION NO 4754	
	SASTORT ENGINES BY	IGO 711 VD OTTIER CO	MAINE	w				
APPLN. TYPE SMALL ENTITY NO NO	ISSUE FEE \$1400	PREV. PAID ISSU \$0	E FEE	PUBLICATI \$300		TOTAL FEE(S) DUE \$1,700	DUE DATE 06/22/2007	
EXAMINER BRITTAIN, JAMES R	ART UNIT 3677		SS-SUBCLASS 024-585120					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents.  If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO PLEASE NOTE: Unless an assignee is identified b CFR 3.11 Completion of this form is NOT a subs	elow, no assignee data w	ill appear on the patent.	oe). If an ass	ignee is identified l	pelow, the do	cument has been filed for r	ecordation as set forth in 3	
(A) NAME OF ASSIGNEE				(B) RESIDENCE: (CITY & STATE OR COUNTRY)				
SUPREME PLASTICS HOLDING LTD.				LONDON, UNITED KINGDOM				
Please check the appropriate assignee category indi	cated below (will not be	printed on the patent)		individual 🛛	corporation of	or other private group entity	Government	
4a. The following fee(s) are enclosed:				ment of Fee(s):(Ple	ase first rea	oply any previously paid i	ssue fee shown above)	
☑ Issue Fee				☐ A check in the amount of the fee(s) is enclosed.				
☑ Publication Fee				☐ The Commissioner is hereby authorized to charge any deficiency or credit any				
Advance Order - # of Copies 12			ove 305		es associated	with this communication to	Deposit Account No. 23-	
5. Change in Entity Status (from status indicated belo a. Applicant claims SMALL ENTITY status.	7	☐ b. Applica	ant is no l	onger claiming SM	ALL ENTIT	Y status. See 37 CFR 1.27	(g)(2).	
Authorized Signature	le		Date		22, 2007		(S)(-)	
Typed or printed name Harold H. Fullmer			Registrati	<u> </u>				
The Director of the USPTO is requested to apply the Is Publication Fee (if required) will not be accepted from States Patent and Trademark Office.	sue Fee and Publication I anyone other than the app	Fee (if any) or to re-app plicant; a registered atto	ly any pro orney or a	eviously paid issue gent; or the assigne	fee to the apper	olication identified above. ty in interest as shown by t	NOTE: The Issue Fee and the records of the United	
This collection of information is required by 37 CFR 1 Confidentiality is governed by 35 USC 122 and 37 CFI form to the USPTO. Time will vary depending upon the sent to the Chief Information Officer, U.S. Patent ar COMPLETED FORMS TO THIS ADDRESS. SEND	R 1.14. This collection is ne individual case. Any c nd Trademark Office. U.S	estimated to take 12 m comments on the amounts. Department of Comm	inutes to it of time herce P.C.	complete, including you require to comp  Roy 1450 Alexan	g gathering, p plete this form	reparing, and submitting the	e completed application	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete and send this form, together with applicable fee(s), to: